

**APPLICATION FOR
RECREATIONAL VEHICLE**

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Fifth Street
Washburn, WI 54891
Phone - (715) 373-6138

RECEIVED
APR 12 2021

Bayfield Co. Zoning Department

Office Use:

Zoning District/Lakes Class F1/-
Application No. 21-0175
Date 6-15-21
Fee Paid \$75

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department

Property Owner William & Amy Moore
Mailing Address 65620 Lake Park Rd.
Ashland, WI 54806
Telephone 715-292-5181

Property Address 17000 US Hwy. 2
of RV placement. Mason, WI 54856
Agent: _____
Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request:

SW 1/4 of SW 1/4 of Section 13 Township 47 N. Range 7 W. Town of Keystone
Gov't Lot _____ **Lot** _____ **Block** _____ **Subdivision** _____ **CSM #** _____
Volume _____ **Page** _____ **of Deeds** **Parcel I.D. #** 04-028-2-47-07-23 **Acreage** 40
3 03-000-10000
Additional Legal Description: Tax ID 22204

ATTACH
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☐ No ☒ If Yes, Distance from Shoreline: 75' or greater ☐ < 75' to 40' ☐ less than 40' ☐

RV: New ☐ Replacement ☐ **Year:** 2019 **Vin #:** 4X4TFLB28KZ16Z673
Make of RV: Forest River **Model of RV:** Travel trailer

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Zoning District/Lakes Class: F1/-

Permit Issued: _____ **Sanitary Number** _____ **Date** _____

Issuance Date 6-15-21 **Permit Number** 21-0175 **Permit Denied (Date)** _____

Reason for Denial: _____

Inspection Record: middle of 40 acres. Appears code compliant

By Todd Norwood **Date of Inspection** 5-12-21

Variance (B.O.A.) # _____

Condition: RV may be placed up to 4 months from issuance date. **Must be removed by:** _____

Signed Todd Norwood **Date of Approval** 5-12-21
Inspector

1. Name and use frontage road as a guideline, and indicate North (N) on plot plan

2. Show the RV (Recreation Vehicle) location

IMPORTANT
Detailed Plot Plan is Necessary

3. Show dimensions in feet on the following:

a. RV from centerline of road(s).

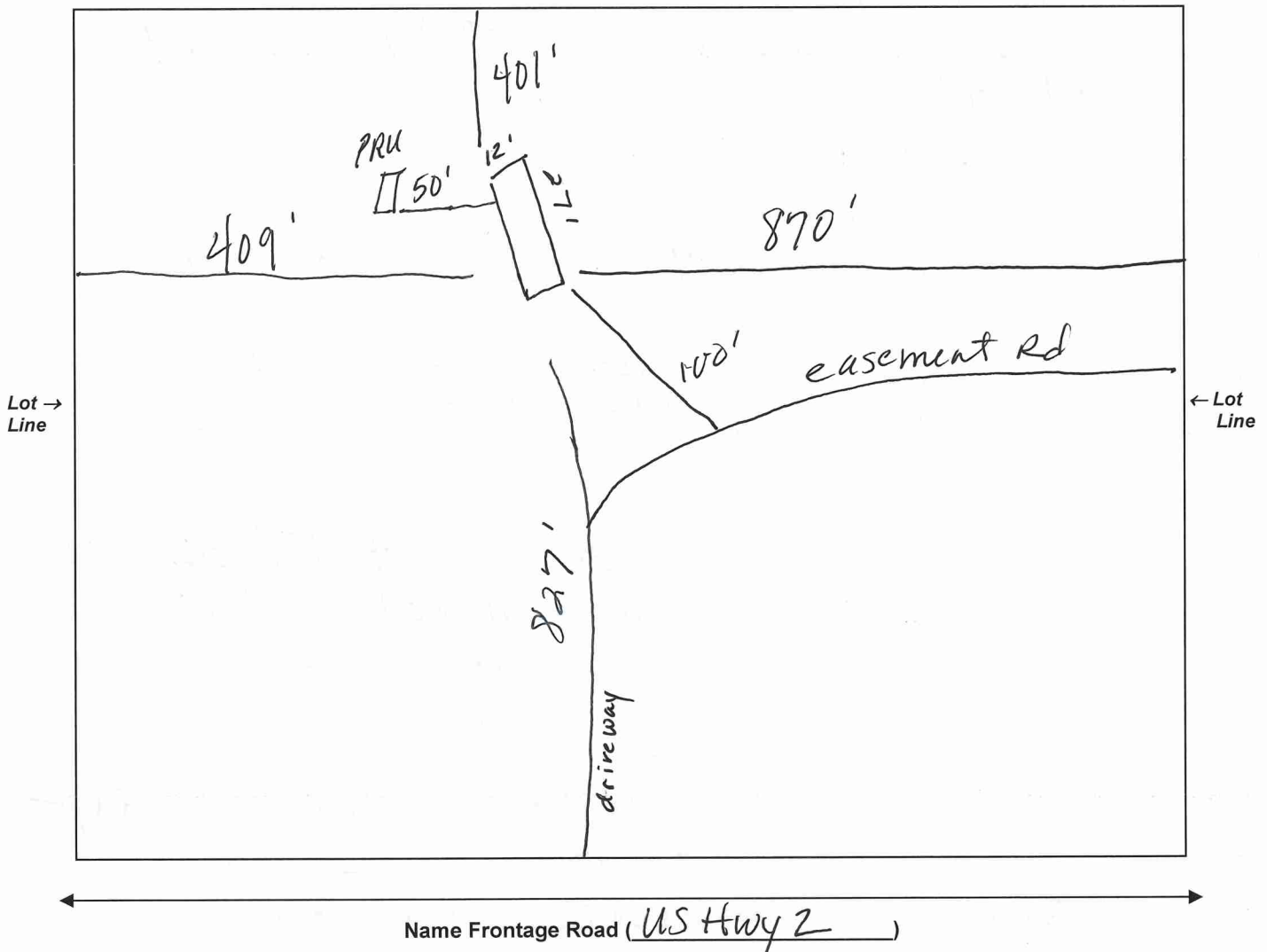
d. RV from lake, river, stream or pond

b. RV from right-of-way line

e. RV from Privy

c. RV from property lines

Lot Line



NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent William & Amy Moore Date 4-6-21
Address to send permit 65620 Lake Park Rd. Ashland, WI 54806

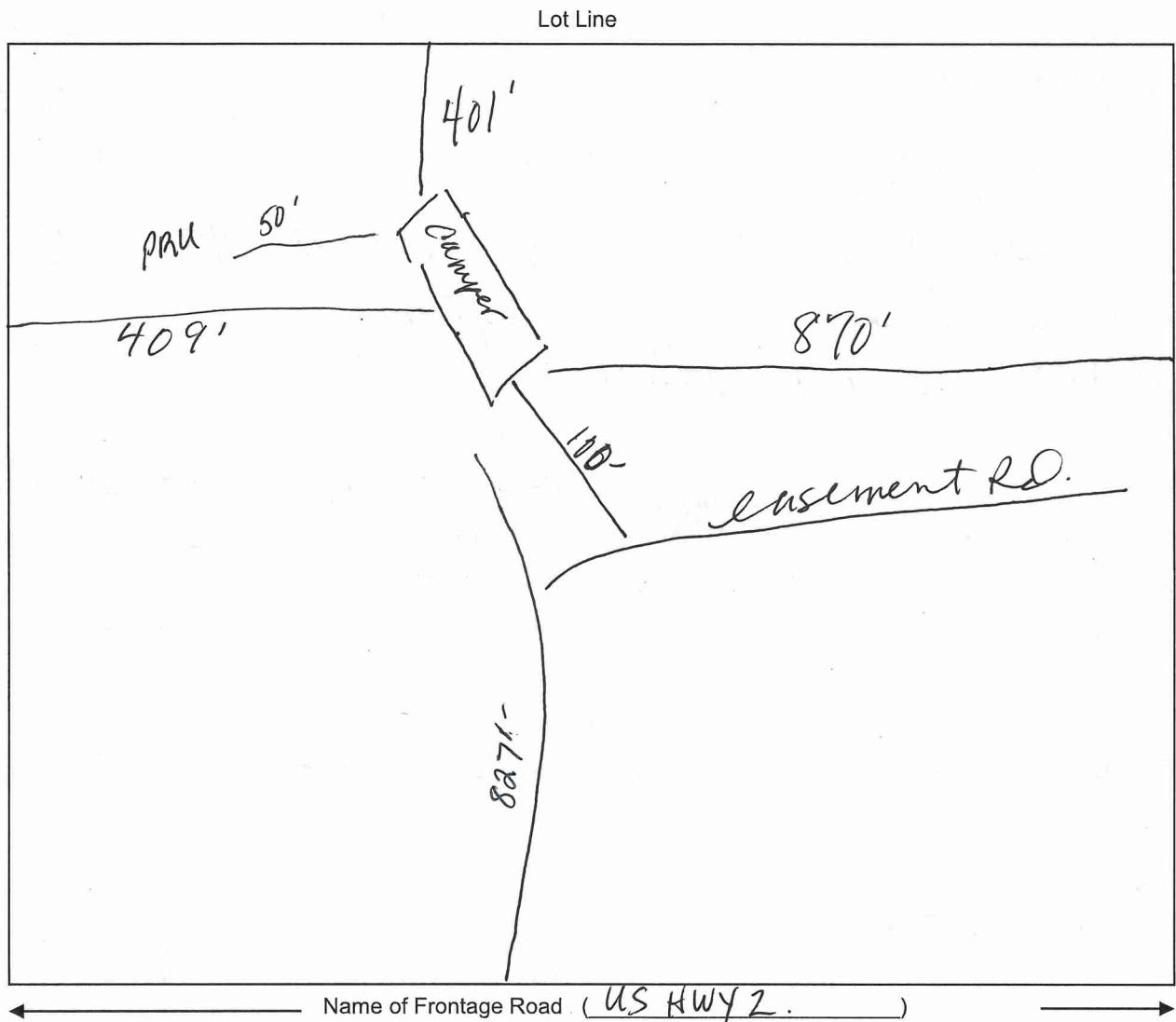
\$150

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District 51
Lakes Class 1

I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No:		County Permit No: <u>21-0125</u>				
Property Owner's Name: <u>William & Amy Moore</u>				County: Bayfield						
Address of Property: <u>17000 US Hwy 2 Mason, WI</u>				Property Location: <u>SW 1/4 SW 1/4, S 23 T 47 N, R 7 E (or W)</u>						
Property Owner's Mailing Address: <u>65620 Lake Park Rd</u>				Township: <u>Keystone</u>		Gov. Lot #:				
City, State <u>Ashland, WI</u>	Zip Code <u>54806</u>	Phone Number <u>715-292-5181</u>	Lot #	Block #	CSM #	CSM Doc #	Subdivision Name			
II. TYPE OF BUILDING: (Check One)				Tax ID#:						
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>1 - camper</u>				<u>22204</u>						
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)										
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____										
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____										
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above										
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input checked="" type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet										
V. ABSORPTION SYSTEM INFORMATION:										
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)				
VI. TANK INFORMATION:										
Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
New Tanks	Existing Tanks									
Septic Tank or Holding Tank										
Lift Pump Tank / Siphon Chamber										
VII. RESPONSIBILITY STATEMENT:										
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.										
Owner's Name(s): (Print) If applying for Section C above <u>William & Amy Moore</u>				Owner's Signature(s): (No Stamps) <u>William Moore Amy Moore</u>						
Plumber's Name: (Print) If applying for Section A or B) above				Plumber's Signature: (No Stamps)				MP/MPRSW No:		
Plumber's Address: (Street, City State, Zip Code)				Home Phone:				Business Phone:		
VIII. COUNTY / DEPARTMENT USE ONLY										
<input checked="" type="checkbox"/> Approved <u>5-12-21</u>	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: <u>\$150 6-15-21</u>		Date Issued: <u>6-15-21</u>		Issuing Agent's Signature / Date: <u>Todd Norwood 5-12-21</u>				
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:										
<u>Conditions per signed agreements</u> <u>Licensed septic hauler must pump portable restroom when full.</u>										

Plot Plan on reverse side



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

2. Show the approximate location and size of the building.

3. Show the location of the well, septic tank and drain field.

4. Show the location of any lake, river, stream or pond if applicable.

5. Show the approximate location of other existing structures.

6. Show the approximate location of any wetlands or slopes over 20 percent.

7. Show dimensions in feet on the following:

- a. Building to all lot lines
- b. Building to centerline of road
- c. Building to lake, river, stream or pond
- d. Septic / holding tank to closest lot line
- e. Septic/holding tank to building
- f. Septic / holding tank to well
- g. Septic / holding tank to lake, river, stream or pond
- h. Privy to closest lot line

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- l. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond
- o. Well to building

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

PORTABLE RESTROOM SERVICING CONTRACT

Contract Date:

5-13-2021

This contract is made between the

Portable Restroom Owner(s) Name(s):

William C. + Amy Moore

Pumper's (Service Provider) Name:

#2 Septic Pumping & Excavating Inc.

We acknowledge the placement of a Portable Restroom on the following property:

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID#
SW 1/4, SW 1/4, of Section 23, Township 47 N, Range 7 W		028-2-47-07-23-3 03-000-10000
Gov't Lot	Lot #	CSM #
Vol. Page	CSM Doc #	Lot(s) #
Block(s) #	Subdivision:	

- The owner agrees to file a copy of this contract with the Bayfield County Planning and Zoning Dept. as required in Title 15 of the Bayfield County Zoning Ordinance.
- The owner agrees to have the Portable Restroom serviced by the pumper and guarantees to permit the pumper to have access and to enter upon the property for the purpose of servicing the Portable Restroom. The owner agrees to maintain the access road or drive so that the pumper can service the Portable Restroom with the pumping equipment. The owner further agrees to pay the pumper for all charges incurred in servicing the Portable Restroom as mutually agreed upon by the owner and pumper.
- The pumper whom has signed the pumping agreement agrees to submit the agreement to the local government unit (Bayfield County Planning and Zoning Dept.) as required by Title 15 of the Bayfield County Zoning Ordinance, a report for the servicing of the Portable Restroom on an annual basis. The pumper further agrees to include the following in the annual report:
 - The name and address of the person responsible for servicing the Portable Restroom;
 - The name of the owner of the Portable Restroom;
 - The location of the property on which the Portable Restroom is installed;
 - The dates on which the Portable Restroom was serviced;
 - The volumes in gallons of the contents pumped from the Portable Restroom for each servicing;
 - The disposal sites to which the contents from the Portable Restroom were delivered.
- This agreement will remain in effect until the owner or pumper terminates this contract. In the event of a change in this contract, the owner agrees to file a copy of any changes to this service contract and/or a copy of a new service contract with the local government unit (Bayfield County Planning and Zoning) named above within (10) business days from the date of change to this service contract.

Owner(s) Name(s) (Print)	Owner's Signature(s)	Subscribed and sworn to me on this date: May 13, 2021 Today's Date Heather Schuch Notary Public Signature January 6, 2025 Commission Expiration
Amy Moore William C. Moore	Amy Moore William C. Moore	
Pumper's Name (Print)	Pumper's Signature	
#2 Septic		
Pumper's Registration Number		
2552		



\$ 175

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 – Washburn, WI 54891
Phone – (715) 373-6138
Fax – (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:

www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)



RECEIVED
APR 20 2021

Bayfield Co. Zoning Dept

Property Owner(s) are responsible to give this form to the Town Clerk. **Attach a copy of the County Application (8 1/2 x 14) [front/back].** This is a **Class A** special use request. **Note:** The Town's **Planning Commission** meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

Property Owner William & Amy Moore Contractor _____

Property Address 17000 US Hwy 2 Authorized Agent _____

Mason, WI Agent's Telephone _____

Telephone 715-292-5181 Written Authorization Attached: Yes () No (X)

Accurate Legal Description involved in this request (specify **only** the property involved with this application)

SW 1/4 of SW 1/4, Section 23, Township 47 N., Range 7 W. Town of Keystone

Govt. Lot _____ Lot _____ Block _____ Subdivision _____ CSM# _____

Volume _____ Page _____ of Deeds Tax I.D.# 22204 Acreage 40

Additional Legal Description: _____

Applicant: (State what you are asking for) Recreational Vehicle (camper) permit Zoning District: F-1 Lakes Classification: _____

Portable Restroom Unit Permit

We, the Town Board, **TOWN OF** Keystone, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

Town Board of the Town of Keystone Fully Approves of
This Application For Rec. Vehicle (Camper) + Portable Restroom Permit

** THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**** NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018

u/forms/townboardrecommendation-ClassA

Signed:

Chairman: K. Smiles

Supervisor: Marco Bichanil

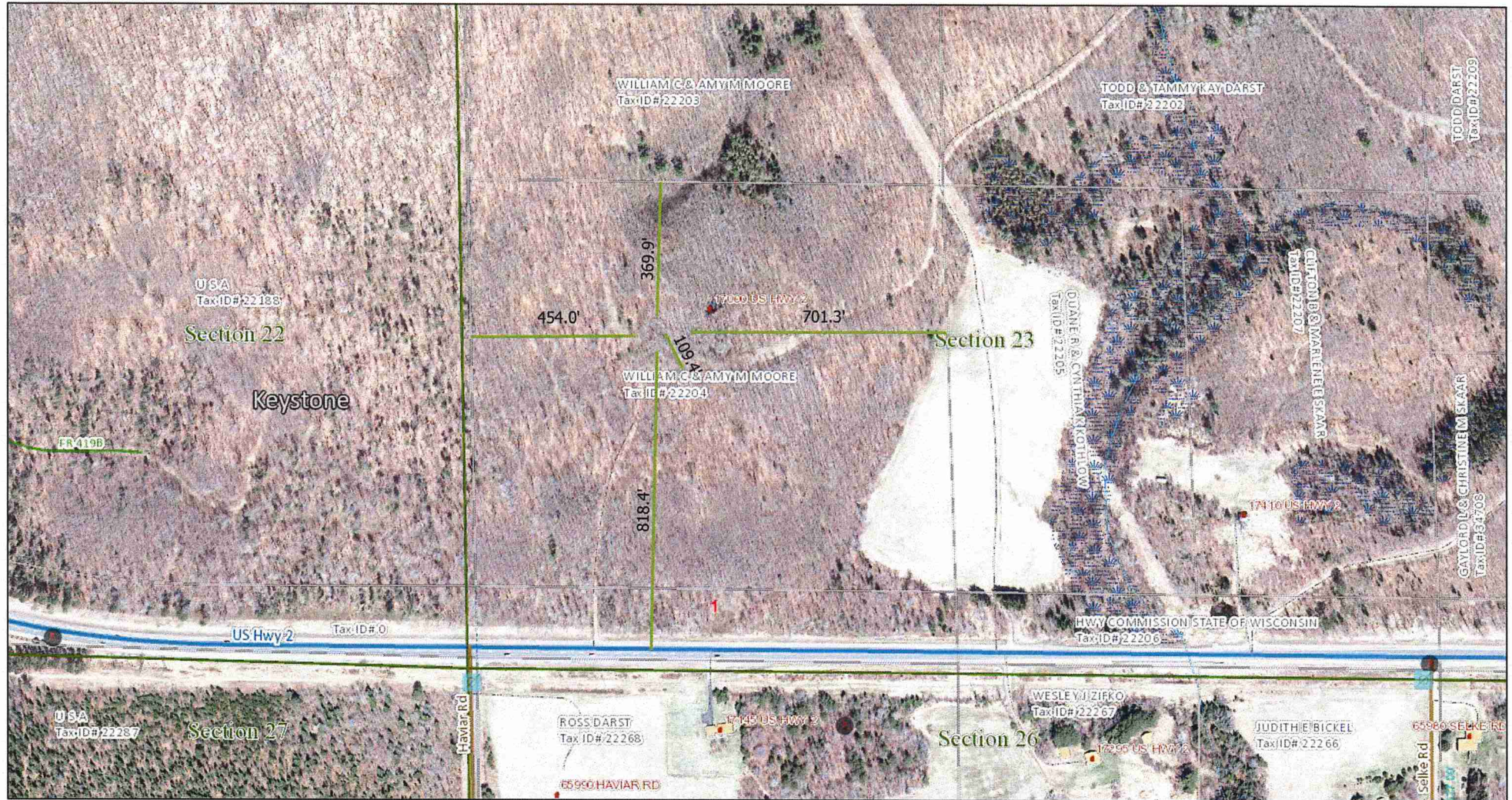
Supervisor: Deron Lee

Supervisor: _____

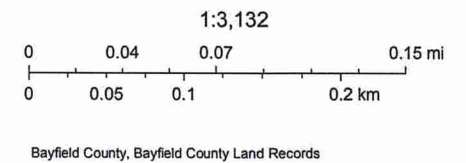
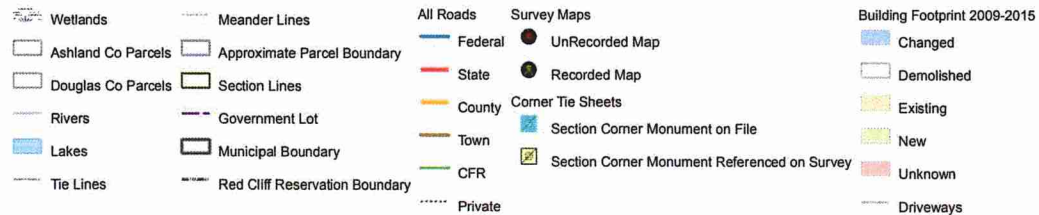
Clerk: Christi Marchand

Date: April 13, 2021

Bayfield County, WI



6/15/2021, 9:44:16 AM



Real Estate Bayfield County Property Listing

Today's Date: 5/12/2021

Property Status: Current

Created On: 3/15/2006 1:15:41 PM



Description

Updated: 1/28/2021

Tax ID: 22204
PIN: 04-028-2-47-07-23-3 03-000-10000
 Legacy PIN: 028104701000
 Map ID:
 Municipality: (028) TOWN OF KEYSTONE
 STR: S23 T47N R07W
 Description: SW SW IN DOC 2021R-586384 374
 Recorded Acres: 40.000
 Calculated Acres: 33.412
 Lottery Claims: 0
 First Dollar: No
 Zoning: (F-1) Forestry-1
 ESN: 120



Tax Districts

Updated: 3/15/2006

1	STATE
04	COUNTY
028	TOWN OF KEYSTONE
020170	ASHLAND SCHOOL
001700	TECHNICAL COLLEGE



Recorded Documents

Updated: 3/15/2006

QUIT CLAIM DEED

Date Recorded: 1/7/2021

2021R-586384

CONVERSION

Date Recorded:

625-285;643-312;683-313



Ownership

Updated: 1/28/2021

WILLIAM C & AMY M MOORE

ASHLAND WI

Billing Address:

WILLIAM C & AMY M MOORE
 65620 LAKE PARK RD
 ASHLAND WI 54806

Mailing Address:

WILLIAM C & AMY M MOORE
 65620 LAKE PARK RD
 ASHLAND WI 54806



Site Address * indicates Private Road

17000 US HWY 2

MASON 54856



Property Assessment

Updated: 8/17/2015

2021 Assessment Detail

Code	Acres	Land	Imp.
G6-PRODUCTIVE FOREST	40.000	52,000	0

2-Year Comparison

	2020	2021	Change
Land:	52,000	52,000	0.0%
Improved:	0	0	0.0%
Total:	52,000	52,000	0.0%



Property History

N/A

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE - X
SANITARY - X (Portable Privy)
SIGN -
SPECIAL - Class A
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

FILE COPY

No. **21-0175**

Issued To: **William & Amy Moore**

Location: **SW** $\frac{1}{4}$ of **SW** $\frac{1}{4}$ Section **23** Township **47** N. Range **7** W. Town of **Keystone**

Gov.t Lot

Lot

Block

Subdivision

CSM#

For: **Recreational Vehicle (RV) and Privy (Portable)**

Make: **Forest River** Model #: **Travel Trailer** Vehicle #: **4X4TFLB28KZ162673** Year: **2019**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition: **Conditions per signed agreement. Licensed septic hauler must pump portable restroom when full.**

Todd Norwood

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Authorized Issuing Official

June 15, 2021

Date

FILE COPY